

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/905,508
	Filing Date	August 4, 1997
	First Named Inventor	Shayesteh, Laleh
	Title	GENETIC ALTERATIONS ASSOCIATED WITH CANCER
	Art Unit	1643
	Examiner Name	Sheela Jitendra Huff
	Attorney Docket	023070-067720US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

20350

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

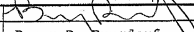
☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/66 submitted herewith or filed on _____)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	September 18, 2009
Name	Barry D. Burgdorf	Telephone	(512) 499-4462
Title and Company	General Counsel & Vice President, Board of Regents, The University of Texas System		

NOTE: Signatures of all the inventors or assignees of record, or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

☐ *Total of _____ forms are submitted.